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CONFIRMATION NO. 8461

SERIAL NUMBER 10/091,745	FILING OR 371(c) DATE 03/05/2002 RULE	CLASS 434	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. 56,493 (71699)
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APPLICANTS

James H. Anderson, Columbia, MD;
William R. Brody, Baltimore, MD;
Chee-Kong Chui, Singapore, SINGAPORE;
Yiyu Cai, Singapore, SINGAPORE;
Yaoping Wang, Normanton Park, SINGAPORE;
Wieslaw L. Nowinski, Nus Kent Vale, SINGAPORE;

** CONTINUING DATA *****

This appln claims benefit of 60/273,733 03/06/2001
and claims benefit of 60/273,734 03/06/2001 *cs*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 8	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>Examiner's Signature</i> <i>cs</i> Initials					

ADDRESS

21874

TITLE

Simulation method for designing customized medical devices

FILING FEE RECEIVED 863	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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